PRINTED: 06/23/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5206AGC 06/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5280 BURNHAM AVE QUALITY GUEST HOME** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/16/09 and 06/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or chronic illness, Category I residents. The census at the time of the survey was two. Two resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The facility requested a change from Category I to Category II. See Tag Y411 concerning the lack of ramps at exits. The following deficiencies were identified: Y 103 Y 103 449.200(1)(d) Personnel File - NAC 441A

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

 Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.

SS=F

NAC 449.200

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Y 172 449.209(2) Health and Sanitation-Outside

2. Containers used to store garbage outside of the facility must be kept reasonably clean and

SS=C

garbage

NAC 449.209

Y 172

		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVS5206AGC				B. WING		06/22/2009			
NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME			5280 BURN	STREET ADDRESS, CITY, STATE, ZIP CODE 5280 BURNHAM AVE LAS VEGAS, NV 89119					
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Y 172	are unable to get insi once each week, the and the contents of the removed from the presentation. This Regulation is not Based on observation	uch a manner that rode de the containers. At le containers must be em ne containers must be emises of the facility. of met as evidenced by: n on 06/16/09, the facility of 2 full garbage cans	east ptied	Y 172					
Y 273 SS=E	NAC 449.2175 4. A resident who had diet by a physician or meal that complies wadministrator of the farecords of any modificaccommodate for spephysician or dietitian 90 days. This Regulation is not based on observation the facility failed to prove residents ordered a sconcentrated sweets.	acility shall ensure that cation to the menu to ecial diets prescribed by are kept on file for at lest met as evidenced by and interview on 6/16 ovide a special diet to pecial diet (Resident #2	ecial ded a y a ast : : : : : : : : : : : : : :	Y 273					
Y 353 SS=E	449.222(3) Bathroom NAC 449.222	s and Toilet Facilities		Y 353					

AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVS5206AGC		B. WING		06/22/2009	
			STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE	00/22/2003	,
			5280 BURN LAS VEGAS	IHAM AVE S, NV 89119			
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Y 353	Continued From page	= 3		Y 353			
	3. The bottoms of tub surfaces that inhibit fathat are attached to the adjacent to the tubs, This Regulation is not based on observation failed to ensure grab tubs, toilets and show (The bathroom connectation).	os and showers must ha alling and slipping. Cab he floor or grab bars mu toilets and showers. The transfer of the facility of the facility bars were adjacent to the facility of the facility	cinets ust be tty he s. d not ab				
Y 356 SS=E	NAC 449.222 6. Bathroom doors the must open with a single without the use of a knopen a lock from outsing must be readily available. This Regulation is not be assed on observation failed to ensure 1 of 2 single motion lock. (T	at are equipped with loggle motion from the insigney. If a key is required side the bathroom, the lable at all times. In on 06/16/09, the facility bathroom doors had a come the bathroom located in from #3 was equipped with the bathroom in the bathroom was equipped with the bathroom in	de to key ty a	Y 356			
Y 392 SS=F	449.226(3) Safety Re	equirements		Y 392			

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by: Based on observation and interview on 6/16/09, the facility did not ensure a graduated slope was provided at the front entrance to the facility and ramp was provided from the sliding glass back door which provided access to the back patio for

potential Category II residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
NVS5206AGC				B. WING		06/22/2009			
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE				
QUALITY GUEST HOME			5280 BURNHAM AVE LAS VEGAS, NV 89119						
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Y 411	Continued From page	÷ 5		Y 411					
	Severity: 2 Scope: 3								
Y 450 SS=E	449.231(1) First Aid a		Y 450						
	NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.								
	Based on record reviewdid not ensure that 1	ot met as evidenced by: ew on 6/16/09, the facil of 3 caregivers received nary resuscitation (CPR ays of employment	ity d first						
	Severity: 2 Scope: 2	2							
Y 451 SS=C	449.231(2)(a)-(f) First	: Aid Kit		Y 451					
	NAC 449.231								

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to their interests and capacities.

This Regulation is not met as evidenced by: Based on interview and observation on 06/16/09, the facility failed to provide an activity calendar

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provides assistance to residents in the administration of medication shall maintain:
(b) A record of the medication administered to each resident. The record must include:
(1) The type of medication administered;
(2) The date and time that the medication was

(3) The date and time that a resident refuses,

administered:

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(d) The results of the administration of the

(f) Instructions for administering the medication to

(e) The initials of the caregiver; and

medication:

		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NVS5206AGC				B. WING		06/22	06/22/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	-		
QUALITY GUEST HOME			5280 BURN LAS VEGAS					
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Y 908	Continued From page	9		Y 908				
		ct each current order o	r					
	This Regulation is not met as evidenced by: Based on record review on 6/16/09, the facility did not ensure the medication record was complete for 1 of 2 residents receiving as needed (PRN) medications (Resident #1's PRN log was not complete).							
	Severity: 1 Scope: 2							
Y 920 SS=E	449.2748(1) Medication Storage			Y 920				
	NAC 449.2748 1. Medication, including over-the-counter medication are stored at a residential facility must be stored area that is cool and coaregivers employed shall ensure that any medical or diagnostic may be misused or all resident or any other person is protected. Nexternal use only must locked area separate medications. A reside of administering medication in his roor medication is kept in a container for which the been provided a key.	In a locked dry. The by the facility medication or equipment that opropriated by a unauthorized Medication for st be kept in a from other ent who is capable cation to himself hay keep his m if the a locked	ny					

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5206AGC 06/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5280 BURNHAM AVE QUALITY GUEST HOME** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 920 Continued From page 10 Y 920 This Regulation is not met as evidenced by: Based on observation and interview on 6/16/09, the facility failed to ensure medications stored in 1 of 3 resident bedrooms were in a locked containers or drawer (Bedroom #1 - medications for Resident #1). Severity: 2 Scope: 2 Y 936 Y 936 449.2749(1)(e) Resident file SS=F NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on interview and record review on 6/16/09. the facility failed to ensure that 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #1 had no evidence of two step TB skin tests) which affected all residents. Severity: 2 Scope: 3